

## Department of Health and Social Services

### Mission

To promote and protect the health and well being of Alaskans.

### Core Services

- Provide quality assisted living in a safe home environment.
- Provide an integrated behavioral health system.
- Promote stronger families, safer children.
- Manage health care coverage for Alaskans in need.
- Address juvenile crime by promoting accountability, public safety and skill development.
- Provide self-sufficiency and basic living expenses to Alaskans in need.
- Protect and promote the health of Alaskans.
- Promote independence of Alaska Seniors and people with physical and developmentally disabilities.
- Provide quality administrative services in support of the Department's mission.

End Results	Strategies to Achieve Results
<p><b>(1) Outcome Statement #1: Provide a safe environment for Alaska pioneers and veterans.</b></p> <p><u>Target:</u> Reduce Pioneer Home resident serious injury rate</p> <p><u>Measure:</u> Pioneer Home resident serious injury rate compared to the national standard.</p> <p><b>(2) Outcome Statement #2: Maximum wellness for Alaskans with serious behavioral health problems.</b></p> <p><u>Target:</u> 75% of target population will report improvement in a productive activity: employment, housing situation, health status, economic security, and/or education attained.</p> <p><u>Measure:</u> Alaska outcome data reported as part of the Federal Govt Performance and Results Act.</p> <p><u>Target:</u> Reduce # of arrests related to alcohol by X.</p> <p><u>Measure:</u> % of police arrests or incarceration, as reported from APSIN, resulting from use of alcohol compared to previous calendar year.</p> <p><u>Target:</u> To reduce the rate of suicides in Alaska by 10% by 2010.</p> <p><u>Measure:</u> Alaska's suicide death rate compared to National rate</p> <p><u>Target:</u> Reduce the 30 day readmission rate for API by 10% on an annualized basis</p> <p><u>Measure:</u> Rate of API readmissions compared to the previous 12 months.</p> <p><b>(3) Outcome Statement #3: Children are, first and</b></p>	<p><b>(1) Integrate Services</b></p> <p><b>(2) Maximize Resources &amp; Service Delivery</b></p> <p><b>(3) Rural Infrastructure Development</b></p> <p><b>(4) Promote Accountability</b></p> <p><b>(5) Promote Community Based Service Delivery</b></p> <p><b>(6) Be Diligent for emerging risks</b></p> <p><b>(7) Regional &amp; Community Empowerment</b></p>

End Results	Strategies to Achieve Results
<p><b>foremost, protected from abuse or neglect.</b></p> <p><u>Target:</u> Reduce child abuse rate in Alaska.  <u>Measure:</u> % change in rate of substantiated Reports of Harm in Alaska compared to last three years</p> <p><u>Target:</u> Reduce % of recurrence of maltreatment to 22% or less by December, 2004  <u>Measure:</u> Of all children for whom a substantiated or indicated report of child abuse and/or neglect was received during the first six months of the period under review, for what percentage was another substantiated or indicated report received within 6 months?</p> <p><u>Target:</u> Increase the rate of children reunified with their parents or caretakers to 63.3% by March 2005.  <u>Measure:</u> # of children who were reunified with their parents or caretakers at the time of discharge from foster care, in less than twelve months from the time of the latest removal from home.</p> <p><b>(4) Outcome Statement #4: To provide quality management of health care coverage services to providers and clients.</b></p> <p><u>Target:</u> Decrease average response time from receiving a claim to paying a claim.  <u>Measure:</u> Average number of days per annum from receipt of claims to payment of claims.</p> <p><u>Target:</u> Increase average number of claims submitted without error to promote timely and accurate payment.  <u>Measure:</u> Average number of claims paid with no errors.</p> <p><u>Target:</u> Reduce the rate of Medicaid payment errors  <u>Measure:</u> Improper payment estimates as provided to Center for Medicare and Medicaid Services</p> <p><b>(5) Outcome Statement #5: Improve juvenile offenders' success in the community following completion of services resulting in higher levels of accountability and public safety.</b></p> <p><u>Target:</u> Reduce percentage of juveniles who re-offend within a 24-month period from release of a secure juvenile institution or completion of formal court ordered probation supervision to 25% of the total.  <u>Measure:</u> Percentage change in re-offense rate within a 24-month period.</p> <p><u>Target:</u> Reduce Alaska Juvenile Crime Rate by 5% over a two-year period.  <u>Measure:</u> % change of Alaska juvenile crime rate compared to the rate one and two years earlier.</p>	

End Results	Strategies to Achieve Results
<p><b>(6) Outcome Statement #6: Low income families and individuals become economically self-sufficient.</b></p> <p><u>Target:</u> Increase self sufficient individuals and families by 10%.</p> <p><u>Measure:</u> Rate of change in self-sufficient families.</p> <p><b>(7) Outcome Statement #7: Healthy people in healthy communities</b></p> <p><u>Target:</u> 80% of all 2 year olds are fully immunized</p> <p><u>Measure:</u> % of all Alaskan 2 year olds fully immunized</p> <p><u>Target:</u> Reduce post-neonatal death rate to 2.3 per 1,000 live births by 2010</p> <p><u>Measure:</u> Three year average post-neonatal mortality rate (Post-neonatal is defined as 28 days to 1 year)</p> <p><u>Target:</u> Decrease risk of diabetes in Alaskans</p> <p><u>Measure:</u> Prevalence of Diabetes among Adults (18+) in Alaska based upon three-year averages</p> <p><u>Target:</u> Decrease Alaska's adult obesity rate to less than 18%</p> <p><u>Measure:</u> Obesity rate of Alaskans</p> <p><b>(8) Outcome Statement #8: Senior and physically and/or developmentally disabled Alaskans live as independently as long as possible.</b></p> <p><u>Target:</u> Reduce number of Nursing Home beds per 1000 senior citizens to below 16.0.</p> <p><u>Measure:</u> Number of Nursing Home beds per 1000 senior citizens. Maximize the use of home and community based programs for senior citizens as an alternative to Nursing Home care.</p> <p><b>(9) Outcome Statement #9: The efficient and effective delivery of administrative services.</b></p> <p><u>Target:</u> Increase by 5% the percentage of customers that report FMS is meeting their needs.</p> <p><u>Measure:</u> Percentage of customer service survey respondents that report FMS is meeting their needs.</p> <p><u>Target:</u> Reduce the response time for complaints from X to X days</p> <p><u>Measure:</u> Department Complaint log response times.</p> <p><u>Target:</u> Increase the DHSS management index by X %.</p> <p><u>Measure:</u> Index timeliness and accuracy for: travel; capital projects; processing time for payments, contracts, purchases and grant requests; federal reporting;</p>	

End Results	Strategies to Achieve Results
legislative inquiries, and information technology.	

## Performance Measure Detail

### (1) Result: Outcome Statement #1: Provide a safe environment for Alaska pioneers and veterans.

**Target:** Reduce Pioneer Home resident serious injury rate

**Measure:** Pioneer Home resident serious injury rate compared to the national standard.

#### Ak Pioneer Home Resident Injury Rate

Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD Total
2002	2.9%	.7%	0%	0.4%	1%
2003	1.1%	0.4%	1.7%	1.5%	1.17%
2004	1.0%	0.4%	0.5%	1.2%	0.77%

**Analysis of results and challenges:** The National Safety Council lists falls in older adults as five times more likely to lead to hospitalization as other injuries. 10-20% of the time such incidents result in a serious injury, and 2-6% result in a bone fracture. In skilled nursing facilities, 50% of all residents will fall in a year. If they are ambulatory, the incidence goes up to 61% for residents 75 years of age and older.

The table above summarizes the quarterly percentage of all reported falls resulting in sentinel event injuries within the Alaska Pioneers' Homes for FY02-FY04. The National range is between 2-6%. Reporting of injury rates is "voluntary" at the national level for nursing homes or assisted living facilities so a specific injury rate standard has not been established. The Alaska Pioneer Homes have continued to be below the low-end of the National Fall Injury Rate range.

#### Examples:

	Actual Number of Falls	Sentinel Event Injuries*	Pioneers' Homes Fall Injury Rate	National Fall Injury Rate
1 <sup>st</sup> Qtr FY2003	276	3	1.1%	From 2 to 6%
1 <sup>st</sup> Qtr FY2002	238	7	2.9%	From 2 to 6%
2 <sup>nd</sup> Qtr FY2003	276	1	0.4%	From 2 to 6%
2 <sup>nd</sup> Qtr FY2002	279	2	0.7%	From 2 to 6%

JCAHO defines as "a sentinel event is an unexpected occurrence or variation involving death or serious physical or psychological injury, or the risk thereof." Sentinel injuries are what the national health care professionals indicate as an area needing to be addressed.

The Pioneer Homes track falls and trend them to try to address the "root cause", e.g. shortage of staffing on certain shifts; patients not asking for assistance during the night; are surface safe for walking, etc. The ultimate goal is provide the safest environment as possible with available staffing and resources.

**(2) Result: Outcome Statement #2: Maximum wellness for Alaskans with serious behavioral health problems.**

**Target:** 75% of target population will report improvement in a productive activity: employment, housing situation, health status, economic security, and/or education attained.

**Measure:** Alaska outcome data reported as part of the Federal Gov't Performance and Results Act.

**Analysis of results and challenges:** Data not available for this measure at this time.

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**Target:** Reduce # of arrests related to alcohol by X.

**Measure:** % of police arrests or incarceration, as reported from APSIN, resulting from use of alcohol compared to previous calendar year.

**Analysis of results and challenges:**

A target has not been developed for this key leading indicator of alcohol use in Alaska. Our strategies would include:

- Reduce # of Alaskans drinking and driving
- Increase prevention and intervention to reduce use of alcohol

Alcohol Related Arrests:

CY 2002 3491

CY 2003 3665

Total Arrests:

CY 2002 7498

CY 2003 7911

Percent of Arrests related to Alcohol:

CY2002 45.56%

CY2003 46.33%

Note: Based on APSIN data for DPS only. Arrest count is based on the number of persons arrested. An arrest is considered alcohol related if any charge for the arrest was flagged as alcohol related.

**Target:** To reduce the rate of suicides in Alaska by 10% by 2010.

**Measure:** Alaska's suicide death rate compared to National rate

**Analysis of results and challenges:** Alaska averages about 125 suicides per year and has a suicide rate double the National suicide rate. The Healthy Alaskans 2010 target is to reduce Alaska's rate of 10%.

### **Suicides**

#### **Rate of Suicides 1993-2002\***

	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Alaska Rate	21.5	25.2	20.7	22.2	22.5	22.7	17.2	21.1	16.5	20.9
US Rate	12	11.9	11.8	11.5	11.2	11.1	10.5	10.4	10.7	10.6
Lives Lost	140	148	122	128	130	131	95	135	103	131

\* Rate is number per 100,000 and accounts for changes in the populations size.

\* 2003 population data not available yet.

In 1999, there was an unusual number (23) of deaths reported as "undetermined intent." This most likely should have been classified as suicides.

Below is a breakout of the number of suicides in Alaska from 1993 – 2003.

<b>Alaska and Alaska Native Suicide Deaths: 1993-2003</b>											
	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Alaska	140	148	122	128	130	131	95	135	103	131	119
Native	48	54	38	41	38	50	34	54	31	42	40
Non-Native	92	94	84	87	92	81	61	81	72	89	79

\* 2003 are preliminary #'s

### **Attempted Suicides**

Information on non-fatal suicide attempts below adds the seriousness of suicide risk in Alaska.

<b>Alaska Non-Fatal Suicide Attempt Hospitalization Rates</b>									
	1994	1995	1996	1997	1998	1999	2000	2001	
AK Rate	83.2	93.4	85.4	100.9	83.8	90.0	98.3	103.7	
Native	199.6	256.0	197.6	264.4	230.3	231.0	263.7	253.6	
Non-Native	58.1	56.4	57.2	63.0	48.7	57.8	60.1	69.5	

Rates are per 100,000 population.

<b>Alaska Non-Fatal Suicide Attempt Hospitalizations</b>								
	1994	1995	1996	1997	1998	1999	2000	2001
Alaska	500	562	517	615	517	560	616	657
Native	192	251	197	269	238	242	293	282
Non-Native	293	284	289	320	250	299	310	363
Race Unk	15	27	31	26	29	19	13	12

**Source: Alaska Trauma Registry, 8/31/2004**

The Alaska Trauma Registry includes all patients that are observation admissions or full admissions (24 hours or more) to an Alaska hospital due to injury, suffocation or poisoning. For suicide attempts we have limited this to "non-fatal" intentional self-inflicted injury (these come under ICD-9 External Cause of Injury Codes E950.0 - E959) and by trauma registry criteria that must have been seriously enough injured to warrant admission to the hospital.

Region	Suicide Rate	Suicide Attempt Rate
Anchorage/Mat-Su	14	69.2
Fairbanks North Star Borough	18	106.7
Gulf Coast	18.4	75.2
Northern/Interior	79.1	241.6
Southeast	12.9	111.1
Southwest	39.1	148.9

\*Age Adjusted Suicide Rates by Region, Alaska: 1998-2002

\* Suicide Attempt Rates by Region, Alaska: 1997-2001

Source: Alaska Trauma Registry (Rates are per 100,000 population)

**Target:** Reduce the 30 day readmission rate for API by 10%

**Measure:** Rate of API re-admissions compared to the previous 12 month period.

**Analysis of results and challenges:** Readmission is a key indicator of the success of the mental health system in Alaska. API is only a part of that overall system.

Description - Percent of admissions to the facility that occurred within 30 days of a previous discharge of the same client from the same facility. For example, a rate of 8.0 means that 8% of all admissions were readmissions.

### 30 Day Readmission Rate

Reporting Period	API Mean
6/1/2003	9.89
7/1/2003	17.86
8/1/2003	11.46
9/1/2003	14.29
10/1/2003	19.61
11/1/2003	13.48
12/1/2003	12.64
1/1/2004	21.31
2/1/2004	10.81
3/1/2004	20.83
4/1/2004	18.1
5/1/2004	16.51
12 Month Average	15.57

API's 30-day Readmission rate over the 12-month period 6/2003 - 5/2004 averages 15.57. API is double the national average rate.

### (3) Result: Outcome Statement #3: Children are, first and foremost, protected from abuse or neglect.

**Target:** Reduce child abuse rate in Alaska.

**Measure:** % change in rate of substantiated Reports of Harm in Alaska compared to last three years

**Analysis of results and challenges:** This is a system-wide indicator impacted by Schools, Public Safety, Corrections, etc.

In September 2003, OCS began operating under a program improvement plan (PIP) developed in response to findings of the federal Child and Family Services Review. A major focus of the PIP is to improve the safety of children including reducing repeat child abuse and neglect. Goals include reducing the recurrence of maltreatment, reducing the incidence of maltreatment by out-of-home care providers, establishing sufficient staffing levels to meet national caseload standards, and increasing services to families.

#### Reports of Harm by SFY Received

SFY	Received	Investigated	Substantiated	Other Finding*
2000	16,372	12,645	5,627	7,018
2001	17,414	13,580	6,138	7,442
2002	15,424	11,824	5,309	6,515
2003	14,354	11,329	4,486	6,843

\*Includes reports with a finding of unconfirmed, invalid, or can't locate.

'Investigated' counts investigations completed by OCS for reports received during the year. It does not include reports referred to Dual Track, tribes or the military.

Based on data as of 8-2-04.

	Rate	Percent Change
SFY 1999	27.3	
SFY 2000	29.4	+ 7.7%
SFY 2001	32.2	+ 9.5%
SFY 2002	27.6	-14.3%
SFY 2003	23.0	-16.7%

Rate of Substantiated Reports of Harm per 1,000 Children in the Population by State Fiscal Year Received & Percent Change from Prior Year (8-2-04 data extract; population at beginning of year from AKDOL bridge series)

**Notes:**

The number of reports of harm received peaked in 2001. The subsequent decline in reports received may be partly due to a decline in the actual number of calls and partly due to efforts by OCS to improve consistency in defining and recording reports. Numerous factors outside the Agency's control influence the number of calls received, including media reports, changes in economic or social conditions, and changes in law.



**Target:** Reduce % of recurrence of maltreatment to 22% or less by December, 2004

**Measure:** Of all children for whom a substantiated or indicated report of child abuse and/or neglect was received during the first six months of the period under review, for what percentage was another substantiated or indicated report received within 6 months?

Repeat Maltreatment by Federal Fiscal Year (from CFSR/PIP reporting)		
Federal FY	Ak Rate	National Standard
FFY 2000	23.6%	
FFY 2001	25.4 %	6.1%
FFY 2002	22.6 %	6.1%
FFY 2003	17.6 %	6.1%
Jan-Dec 2003	17.1%	6.1%
Apr-Mar 2004	17.3%	6.1%
<i>Recurrence is counted if a 2<sup>nd</sup> report is received within 6 months of the first report.</i>		
<i>National Standard = 6.1% or fewer.</i>		
<i>Data Indicator Baseline: 23.4% of reports received in Calendar year 2001 had a recurrence. Program Improvement Plan Target: By December 2004 22% or less will have a reoccurrence.</i>		

**Target:** Increase the rate of children reunified with their parents or caretakers to 63.3% by March 2005.

**Measure:** # of children who were reunified with their parents or caretakers at the time of discharge from foster care, in less than twelve months from the time of the latest removal from home.

**Analysis of results and challenges:** The national standard is 76.2%.

Our FFY 2000 baseline was 58.3%. Our PIP goal is 63.3% by March 2005.

FFY03 rate for Alaska was 59.3% and Apr 2003-Mar 2004 was 54.7%

The following steps are to be taken to address the reunification issues: reviewing and revising administrative case review policies and procedures to ensure that reunification efforts are being made and to ensure that reunification assessments are being completed; restructuring requirements for private providers providing Family Preservation and Time-Limited Family Reunification services; more clearly delineate expectations regarding the type of services required to help families meet their case plan goals towards reunification; and conduct an analysis on a regional basis as to the available service array and whether the available services meet the need of families.

	<u>Rate</u>	<u>Number Reunified in 12 Months</u>	<u>Total Reunified</u>
FFY 2001	62.4 %	401	643
FFY 2002	53.3 %	283	531
FFY 2003	59.3 %	314	530
Jan.- Dec. 2003	55.6 %	259	466
Apr. 2003 - Mar. 2004	54.7 %	268	490

**(4) Result: Outcome Statement #4: To provide quality management of health care coverage services to providers and clients.**

**Target:** Decrease average response time from receiving a claim to paying a claim.

**Measure:** Average number of days per annum from receipt of claims to payment of claims.

**Operation Performance Summary - Annual Average Days/Entry Date to Claims Pay Date**

	FY00	FY01	FY02	FY03
<b>Total Claims Processed (fiscal year)</b>	<b>3,720,254</b>	<b>4,409,121</b>	<b>4,959,864</b>	<b>5,615,072</b>
<b>Average Days - Entry Date to Pay</b>	<b>10.15</b>	<b>12.14</b>	<b>12.43</b>	<b>10.27</b>

*Note: Prior year reports were based on six months of data. This report is based on annual data.*

**Target:** Increase average number of claims submitted without error to promote timely and accurate payment.

**Measure:** Average number of submitted claims with no errors.

**Analysis:** Submission of accurate claims by providers reflects how well they are trained in preparing their claims for payment.

**Error Distribution Analysis - Percent Claims Paid with No Errors by Primary Providers**

	FY00	FY01	FY02	FY03
<b>Total Claims Paid (fiscal year)</b>	<b>3,076,978</b>	<b>3,670,331</b>	<b>4,202,677</b>	<b>4,776,730</b>
<b>Percent Paid with No Errors</b>	<b>71.75%</b>	<b>72.64%</b>	<b>74.43%</b>	<b>73.46%</b>
<b>Hospitals</b>	<b>54.17%</b>	<b>57.45%</b>	<b>60.29%</b>	<b>60.69%</b>
<b>Physicians</b>	<b>70.11%</b>	<b>69.01%</b>	<b>67.40%</b>	<b>65.30%</b>
<b>Dentists</b>	<b>73.53%</b>	<b>72.96%</b>	<b>73.24%</b>	<b>75.95%</b>
<b>Nursing Home Facilities</b>	<b>64.53%</b>	<b>69.75%</b>	<b>65.28%</b>	<b>61.80%</b>
<b>Pharmacy</b>	<b>79.83%</b>	<b>80.23%</b>	<b>83.34%</b>	<b>80.13%</b>
<b>Mental Health</b>	<b>N/A</b>	<b>70.28%</b>	<b>72.67%</b>	<b>77.41%</b>
<b>Transportation</b>	<b>N/A</b>	<b>88.84%</b>	<b>87.89%</b>	<b>87.80%</b>
<b>Home and Community Based Waivers</b>	<b>N/A</b>	<b>73.27%</b>	<b>76.94%</b>	<b>79.77%</b>
<b>Vision</b>	<b>N/A</b>	<b>82.09%</b>	<b>79.73%</b>	<b>79.98%</b>
<b>Psych</b>	<b>N/A</b>	<b>68.67%</b>	<b>70.85%</b>	<b>57.80%</b>
<b>Clinics</b>	<b>N/A</b>	<b>64.78%</b>	<b>96.25%</b>	<b>98.71%</b>
<b>Behavioral Rehabilitative Services</b>	<b>N/A</b>	<b>87.16%</b>	<b>91.15%</b>	<b>91.48%</b>
<b>Chiropractic</b>	<b>N/A</b>	<b>60.68%</b>	<b>60.09%</b>	<b>55.03%</b>

*Note: Prior year reports were based on six months of data. This report is based on annual data.*

**Target:** Reduce the rate of Medicaid payment errors

**Measure:** Improper payment estimates as provided to Center for Medicare and Medicaid Services

**Analysis of results and challenges:** CMS has proposed changes to 42 CFR Part 402 related to Payment Error Rate Measurement (PERM). This will apply to Medicaid and SCHIP.

**(5) Result: Outcome Statement #5: Improve juvenile offenders' success in the community following completion of services resulting in higher levels of accountability and public safety.**

**Target:** Reduce percentage of juveniles who re-offend within a 24-month period from release of a secure juvenile institution or completion of formal court ordered probation supervision to 25% of the total.

**Measure:** Percentage change in re-offense rate within a 24-month period.

Year of Release from Institution	FY 99	FY 00	FY 01	FY 02
Year for which 24 months of recidivism data is available	FY 01	FY 02	FY 03	FY 04
Number of Offenders Released	133	124	140	106
Number who re-offended	61	61	66	62
Re-Offense Rate within 24 months	46%	49%	47%	58%

**Analysis of results and challenges:** The number of youths released from institutions that re-offended actually decreased between FY 03 and FY 04, but because fewer juveniles had been released from institutions in FY 04 than in FY 03 the re-offense rate is increased. The small numbers of youth who are released each year from Alaska's four treatment facilities make it difficult to determine whether increases or decreases in offense rates represent genuine trends. Nevertheless, the Division will continue to review institutional treatment components and research-based practices as it seeks to improve its outcomes for youths leaving institutions.

Re-Offense rates<sup>1</sup> for youths released from formal probation over the past several years are as follows:

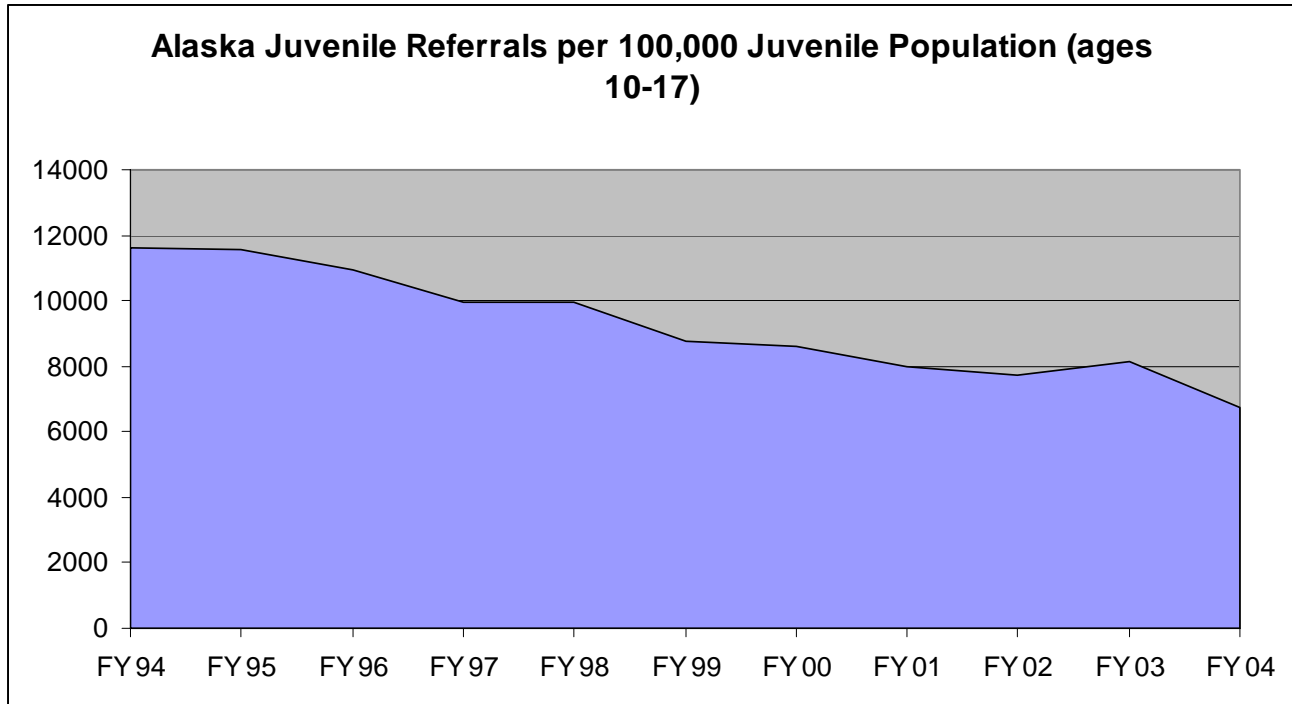
Year of Juveniles' Release from Formal Probation	FY 98	FY 99	FY 00	FY 01	FY 02
Year for which 24 months of recidivism data is available	FY 00	FY 01	FY 02	FY 03	FY 04
Number of Offenders	484	521	453	431	498
Number who re-offended within 24 months	114	126	100	95	109
Re-Offense Rate for All Youth	24%	24%	22%	22%	22%

This data suggests that the percentage of juveniles who re-offended in the 24-month period following closure of their formal probation episode has remained constant. The Division intends to evaluate this measure in the year to come to determine whether limiting the term "re-offense" to those offenses resulting in a formal adjudication (as is done with the institutional population performance measure) provides a more accurate picture of re-offense activities than when all referrals to the Division are included in the analysis.

<sup>1</sup> Re-offenses for juveniles released from formal probation are determined by checking for entries in the Division's Juvenile Offender Management Information System. This table reports the number of youth for whom court-ordered probation episodes closed during the fiscal year and **defines re-offense as:** subsequent referral to DJJ for a law violation by a juvenile after the probation case was closed. Excludes non-criminal referrals such as traffic offenses, Fish and Game violations, violations of Minor in Possession/Consuming and Driving While Intoxicated. This analysis also excludes referrals that were dismissed or screened and released, and also excludes law violations committed after juveniles turned 18 years old and by those who have moved out of Alaska.

**Target:** Reduce Alaska Juvenile Crime Rate by 5% over a two-year period.

**Measure:** % change of Alaska juvenile crime rate compared to the rate one and two years earlier.



FY	Referrals	Juvenile Population	Referrals per 100,000 juvenile
FY 94	8877	76315	11632
FY 95	9102	78733	11561
FY 96	8811	80653	10925
FY 97	8183	82044	9974
FY 98	8381	84021	9975
FY 99	7484	85477	8756
FY 00	7497	86958	8621
FY 01	7056	88607	7963
FY 02	6932	89966	7705
FY 03	7471	91651	8152
FY 04	6226	92699	6716

**Analysis of results and challenges:** This target is a system-wide indicator.

Both the number of referrals and the percentage of these referrals per 100,000 juvenile populations decreased significantly in FY 04 compared with the years before. A decrease in referrals has been a consistent trend for several years except for a brief increase in FY 03. The reasons for this decrease are unknown, possibly due to economic conditions, changes in prevention and intervention techniques, changes in law enforcement practices or resources, or a combination of some or all of these.

## (6) Result: Outcome Statement #6: Low income families and individuals become economically self-sufficient.

**Target:** Increase self sufficient individuals and families by 10%.

**Measure:** Rate of change in self-sufficient families.

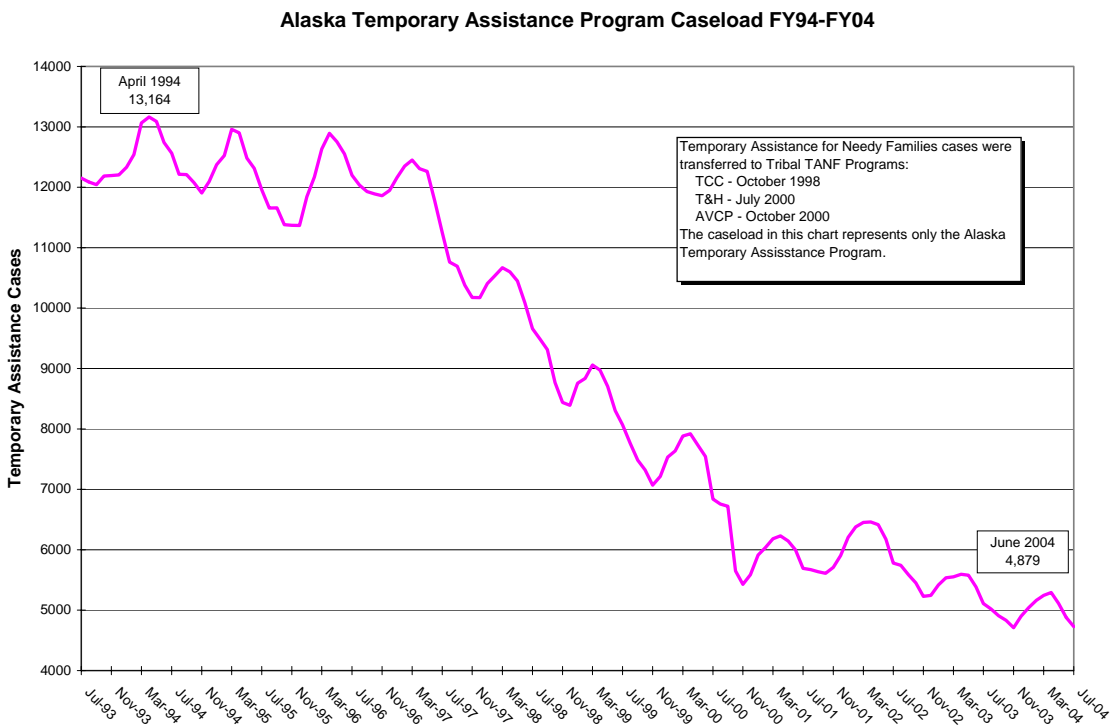
**Analysis of results and challenges:** The rate of change is calculated for the number of families receiving Alaska Temporary Assistance Program benefits compared to the same time period in the previous state fiscal year. Thus September of SFY 2003 had a 1% decline in the Alaska Temporary Assistance program caseload compared to September of SFY2002. The YTD column compares the average annual caseload to the prior year average annual caseload.

### Changes in Self Sufficiency

Year	September	December	March	June	YTD Total
2001	16%	-6%	-4%	-3%	2%
2002	1%	11%	14%	13%	9%
2003	12%	7%	6%	9%	9%

### Alaska Temporary Assistance Program Caseload

This represents a leading indicator of welfare reform.



**(7) Result: Outcome Statement #7: Healthy people in healthy communities****Target:** 80% of all 2 year olds are fully immunized**Measure:** % of all Alaskan 2 year olds fully immunized

**Estimated 4/3/1/3\* Vaccination Coverage**  
**Among Children 19-35 Months of Age, Alaska and U.S.**

Survey Year	Alaska			U.S. % 4/3/1/3
	% 4/3/1/3	% Difference from Prior Year's Survey	Rank among the 50 States	
1996	71.5	n/a	48	76.4
1997	75.2	+3.7	32	76.2
1998	81.3	+6.1	22	79.2
1999	80.1	-1.2	28	78.4
2000	77.0	-3.1	26	76.2
2001	74.1	-2.9	38	77.2
2002	78.3	+4.2	27	77.5
2003	81.4	+3.1	30	81.3

\* 4/3/1/3 = 4 DTaP/ 3 polio/ 1 MMR/ 3 Hib

DTaP – Diphtheria/Tetanus/Acellular Pertussis

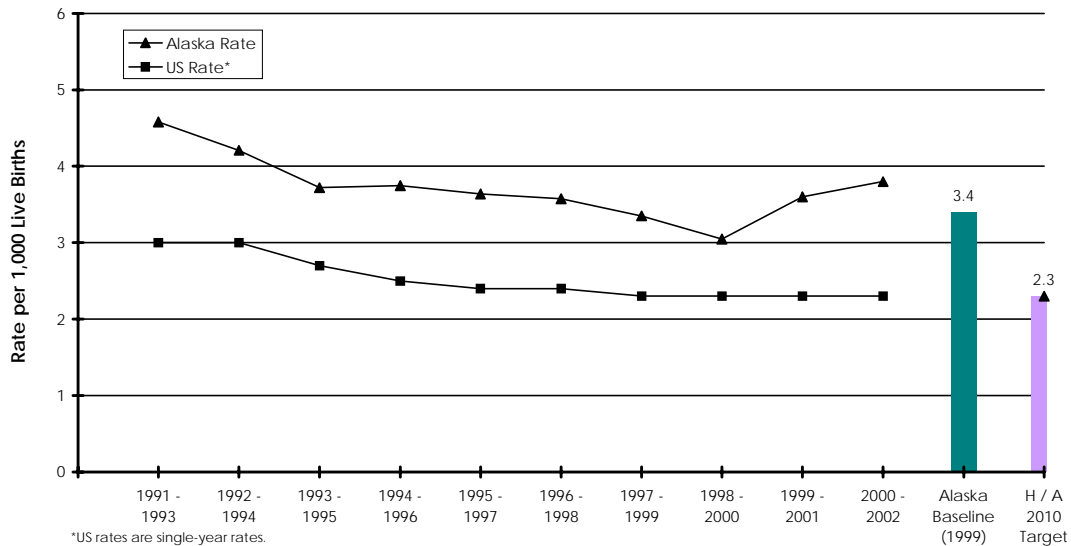
MMR – Measles/Mumps/Rubella

Hib – Hemophilus Influenza B (Meningitis)

**Analysis of results and challenges:** In 2003, 81.4% of Alaska two year olds had completed their basic vaccine series, a percentage that slightly exceeded the national average of 81.3% and met Alaska's goal of assuring at least 80% of our children were fully immunized.

**Target:** Reduce post-neonatal death rate to 2.3 per 1,000 live births by 2010**Measure:** Three year average post-neonatal mortality rate  
(Post-neonatal is defined as 28 days to 1 year)

### Post-neonatal mortality rate by three-year moving average, Alaska 1991-2002



**Analysis of results and challenges:** Post-neonatal mortality is more often caused by environmental conditions than problems with pregnancy and childbirth. Nationally, the leading causes of death during the post-neonatal period (28 through 364 days) are: Sudden Infant Death Syndrome (SIDS), birth defects, injuries, pneumonia/influenza, and homicide. Alaska's post-neonatal death rate is high relative to other states.

- Alaska's post-neonatal mortality rate for 1998 - 2000 of 3.0 per 1,000 live births was nearly 35% higher than the national rate in 2000 and twice as high as the Healthy People 2010 target.
- Post-neonatal mortality in Alaska has declined significantly over the last decade, from 5.3 per 1,000 live births in 1989 - 1991 to 3.0 per 1,000 live births in 1998 - 2000, a decline of 43%.
- Over the last decade, babies born to Alaska Native mothers were 2.5 times more likely to die during the post-neonatal period than those born to white mothers.

**Target:** Decrease risk of diabetes in Alaskans

**Measure:** Prevalence of Diabetes among Adults (18+) in Alaska based upon three-year averages

ESTIMATED ANNUAL PREVALENCE OF DIABETES AMONG ADULTS (18+)  
IN ALASKA BASED UPON THREE-YEAR AVERAGES

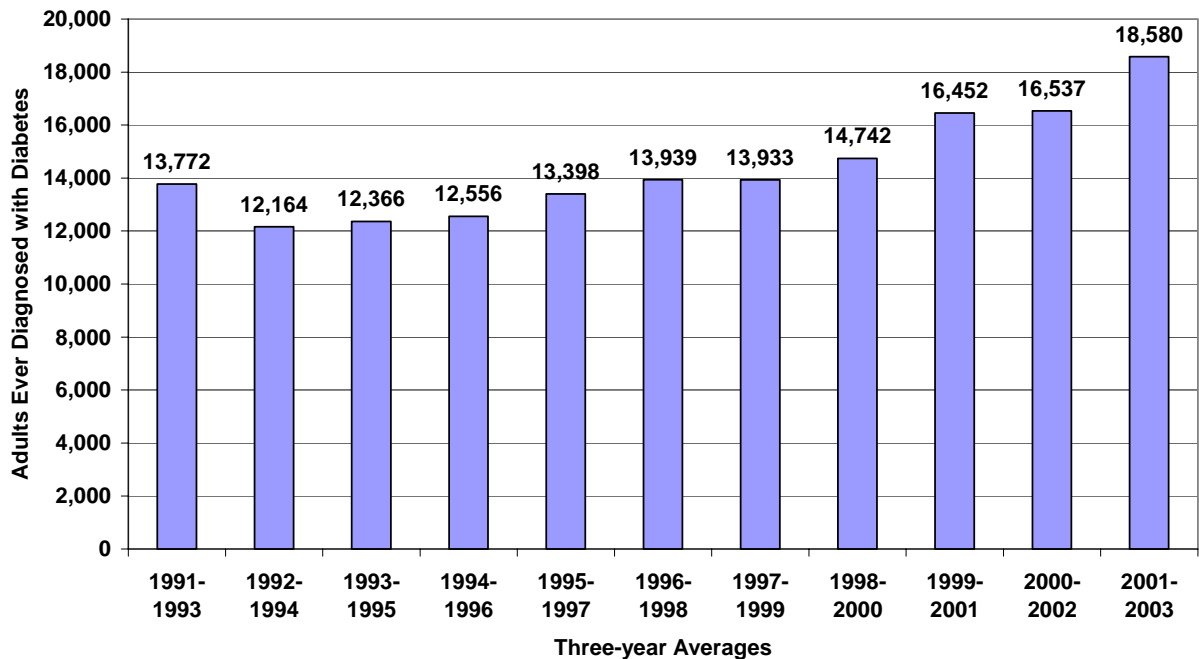
YEAR	DIAGNOSED*	ESTIMATED UNDIAGNOSED**	ESTIMATED TOTAL
1991-1993	13,772	5,602	19,374
1992-1994	12,164	4,948	17,112
1993-1995	12,366	5,030	17,396
1994-1996	12,556	5,108	17,664
1995-1997	13,398	5,450	18,849
1996-1998	13,939	5,670	19,609
1997-1999	13,933	5,668	19,601
1998-2000	14,742	5,997	20,738
1999-2001	16,452	6,692	23,144
2000-2002	16,537	6,727	23,263
2001-2003	18,580	7,558	26,137

\* Reported diabetes by health care professional.

\*\* Approximately 29% of all diabetes cases are undiagnosed based upon NHANES 1999-2000 compared to NHANES III 1988-1994.

BRFSS - Behavioral Risk Factor Surveillance System

**Adults (18+) Ever Diagnosed with Diabetes,  
Three-Year Averages, Alaska BRFSS, 1991-2003**



**Analysis of results and challenges:** Alaska has an increasing level of diabetes among adults. The number of diagnosed cases is 1/3 less than the estimated level but without adequate screening these are only estimates.



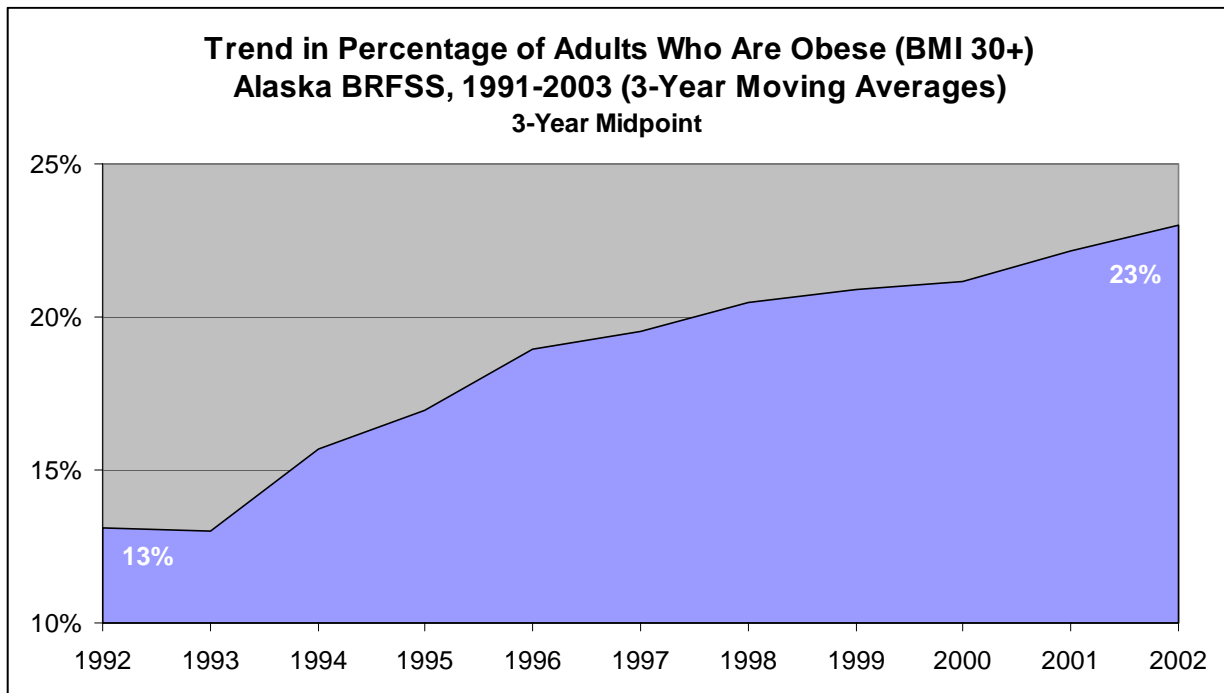
Diabetes is a chronic disease that usually manifests itself as one of two distinct categories. Type 2 diabetes usually occurs in adults over age 30 and develops as a result of the body's inability to use its own limited amount of insulin effectively. Type 2 diabetes accounts for 90 percent to 95 percent of all diagnosed cases. Risk factors for Type 2 diabetes include older age (40-plus years), obesity, family history of diabetes, prior history of gestational diabetes, impaired glucose tolerance, physical inactivity, and race/ethnicity.

Diabetes is the leading cause of blindness and end-stage renal disease in adults. Diabetes increases the risk of heart disease, stroke, and many infectious diseases. Nerve damage from diabetes is the leading cause of lower extremity amputations. Type 2 diabetes is more common in women than men. Incidence increases with age, and the prevalence of diabetes in the United States is expected to increase as the population ages and diabetics live longer.

**Target:** Decrease Alaska's adult obesity rate to less than 18%

**Measure:** Obesity rate of Alaskans

The obesity rate has doubled from 1992 to 2002, jumping from 13% to 23% during that timeframe.



**Analysis of results and challenges:** The trends in Alaska show growing numbers of overweight and obese adults.

- From 1991-1993 to 2001-2003, the prevalence of overweight and obese adults in Alaska rose from a combined 49% to 62%.
- Latest three-year averages from BRFSS: For 2001-2003, 39% of Alaskans met the criteria for being overweight and 23% met the criteria for obesity, well above the Healthy Alaskans 2010 targets of 30% for overweight and 18% for obesity.

As noted in the chart above, overweight is defined as Body Mass Index (BMI) of 25 or greater, up to 29.9. Obese is defined as BMI of 30 or greater. BMI is determined by dividing weight in kilograms by height in meters.

Premature death and disability, increased health care costs, and lost productivity are all associated with overweight and obesity. Unhealthy dietary habits combined with sedentary behavior are primary factors in increasing body fat levels. Overweight and obesity are estimated to be responsible for approximately 300,000 deaths per year in the United States.

National studies show an association of overweight and obesity with certain types of cancers (endometrial, colon, post menopausal breast, and prostate), as well as heart disease, stroke, diabetes and arthritis. Overweight and obesity are directly associated with at least four of the top ten leading causes of death. Mortality due to unintentional injury, suicide, chronic obstructive pulmonary disease (COPD), pneumonia, and liver disease may also be influenced by obesity to some extent.

**(8) Result: Outcome Statement #8: Senior and physically and/or developmentally disabled Alaskans live as independently as long as possible.**

**Target:** Reduce number of Nursing Home beds per 1000 senior citizens to below 16.0.

**Measure:** Number of Nursing Home beds per 1000 senior citizens. Maximize the use of home and community based programs for senior citizens as an alternative to Nursing Home care.

	FY 01	FY 02	FY 03	FY04
65+ Population	37,843	39,358	41,326	43,392
No. of Nursing Home beds	744	744	744	721
<b>AK NH Beds per 1000</b>	<b>19.7</b>	<b>18.9</b>	<b>18.0</b>	<b>16.6</b>
National NH Beds/1000	53.1	53.1	53.1	53.1
No. of Seniors on Waivers	1128	1108	1135	1249

**Analysis of results and challenges:** Controlling the number of residents in nursing homes is essential for reaching a balanced long-term care system. The more Medicaid nursing home residents a state must care for, the less money will be available for home and community based care programs.

**(9) Result: Outcome Statement #9: The efficient and effective delivery of administrative services.**

**Target:** Increase by 5% the percentage of customers that report FMS is meeting their needs.

**Measure:** Percentage of customer service survey respondents that report FMS is meeting their needs.

**Analysis of results and challenges:** A customer survey on Administrative Services performance was conducted in the summer of 2003. Survey results showed that 78.8% of the 194 that responded considered FMS (previously DAS) overall service performance to be average or higher; 59% of that ranked above average, i.e., 6 or higher on a scale of 1-10.

Individual core services results are shown in the table below.

Grants Administration	68%
Procurement	71%
Facilities Management	76%
Audit	74%
Finance	63%
Human Resources	60%
Information Services	72%
Budget	67%
Director's Office	74%
Average of all Service Functions	69%

With the new reorganization of the Finance and Management Unit, a similar survey will be conducted this fall and will include the expanded scope of services under FMS, including the Commissioner's Office. A similar survey will be done on Human Resources services.

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**Target:** Reduce the response time for complaints from X to X days

**Measure:** Department Complaint log response times.

**Analysis of results and challenges:** The department is currently developing a complaint response log that will be monitored by the Commissioner's Office.

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**Target:** Increase the DHSS management index by X %.

**Measure:** Index timeliness and accuracy for: travel; capital projects; processing time for payments, contracts, purchases and grant requests; federal reporting; legislative inquiries, and information technology.

**Analysis of results and challenges:** The department will develop a market basket formula for calculating this measure.

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**(1) Strategy: Integrate Services**

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**(2) Strategy: Maximize Resources & Service Delivery**

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**(3) Strategy: Rural Infrastructure Development**

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**(4) Strategy: Promote Accountability**

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**(5) Strategy: Promote Community Based Service Delivery**

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**(6) Strategy: Be Diligent for emerging risks**

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**(7) Strategy: Regional & Community Empowerment**

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